STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

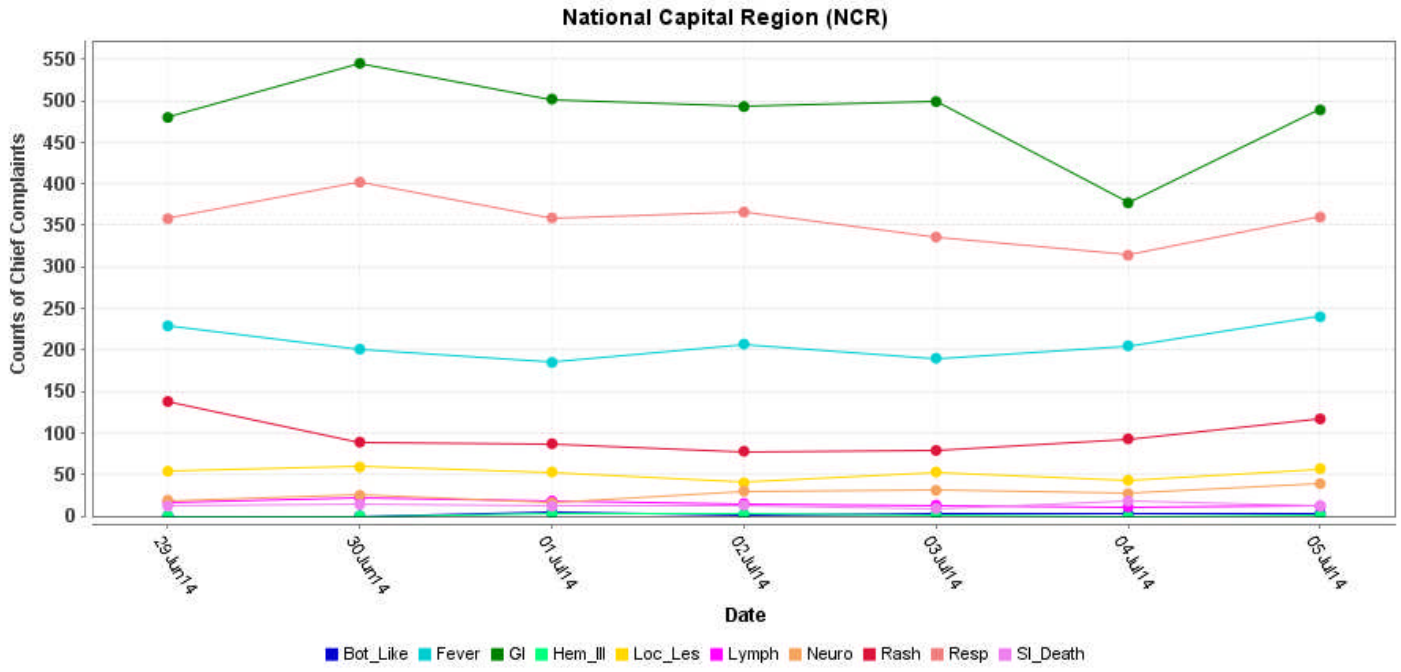
July 11, 2014

Public Health & Emergency Preparedness Bulletin: # 2014:27
Reporting for the week ending 07/05/14 (MMWR Week #27)

CURRENT HOMELAND SECURITY THREAT LEVELS

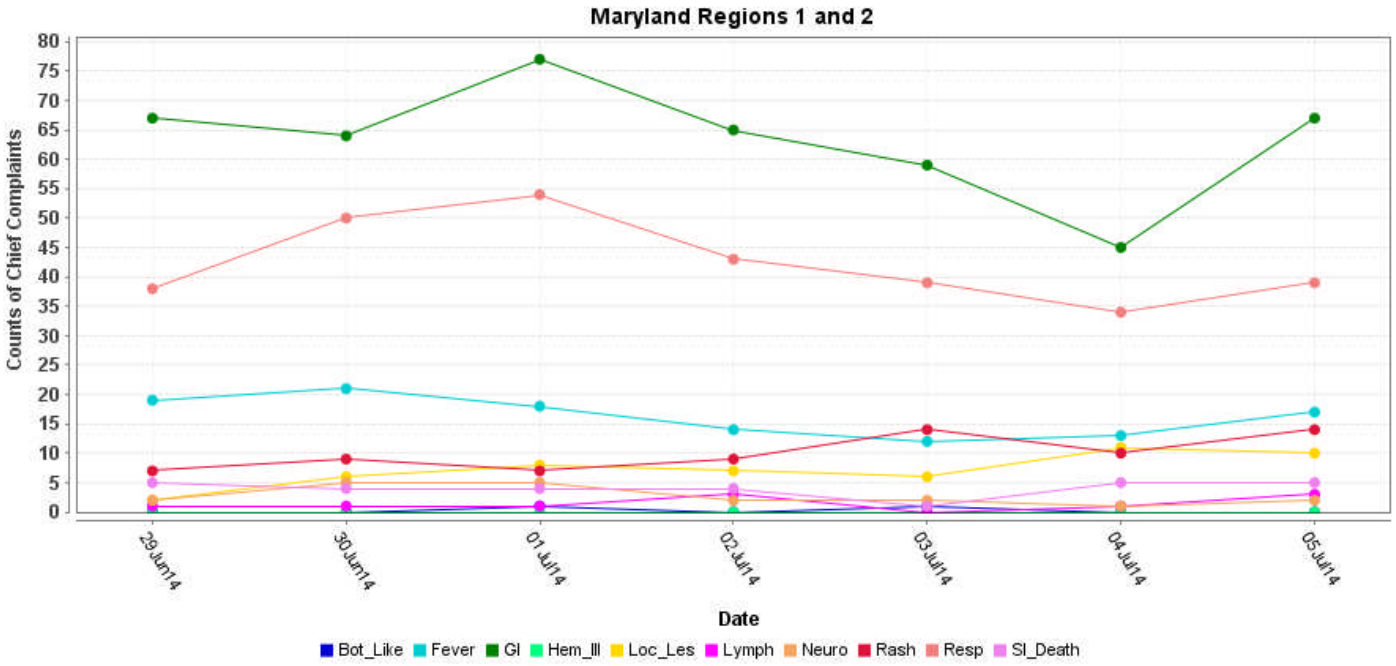
National: **No Active Alerts**
Maryland: **Level Four (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

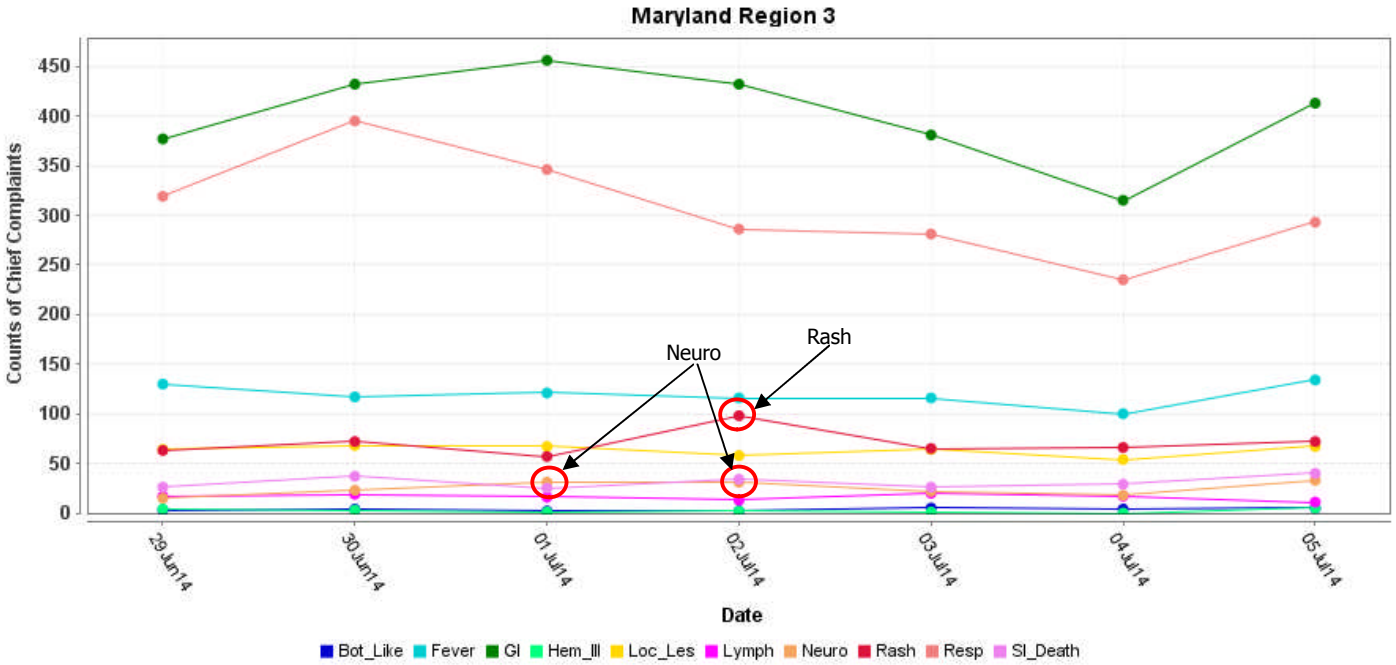


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

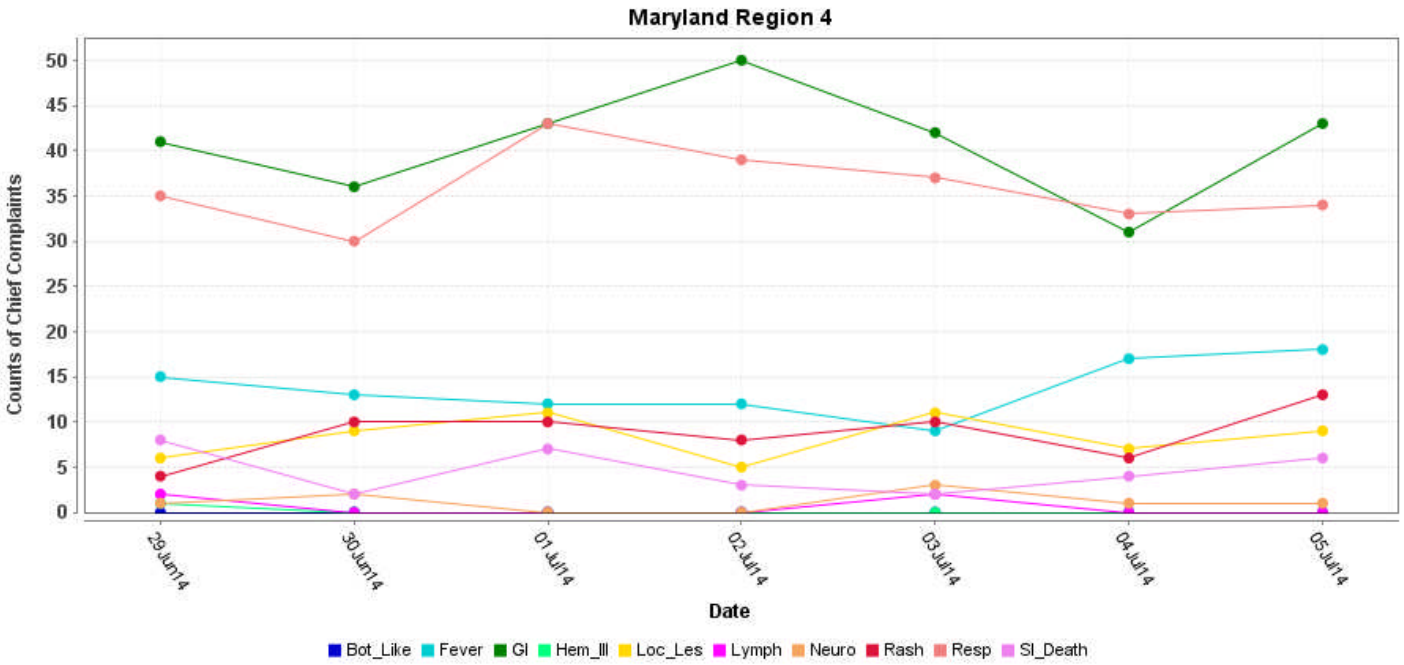
MARYLAND ESSENCE:



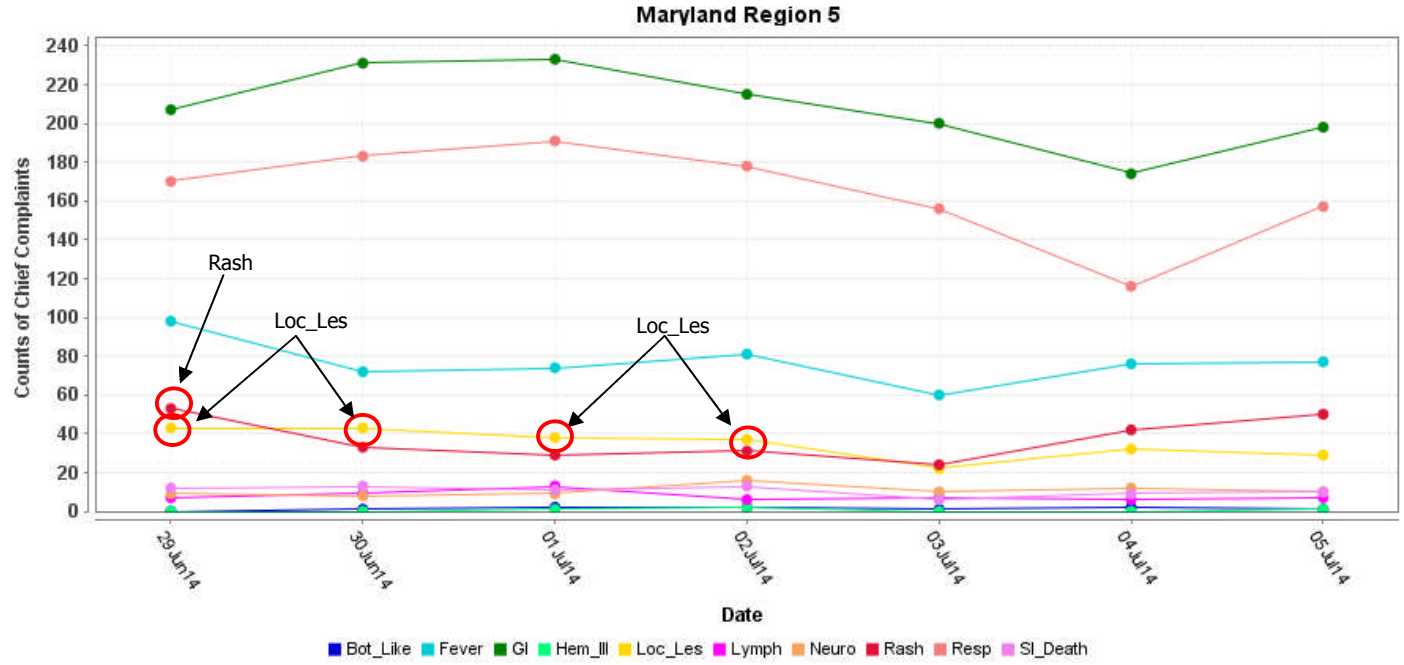
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



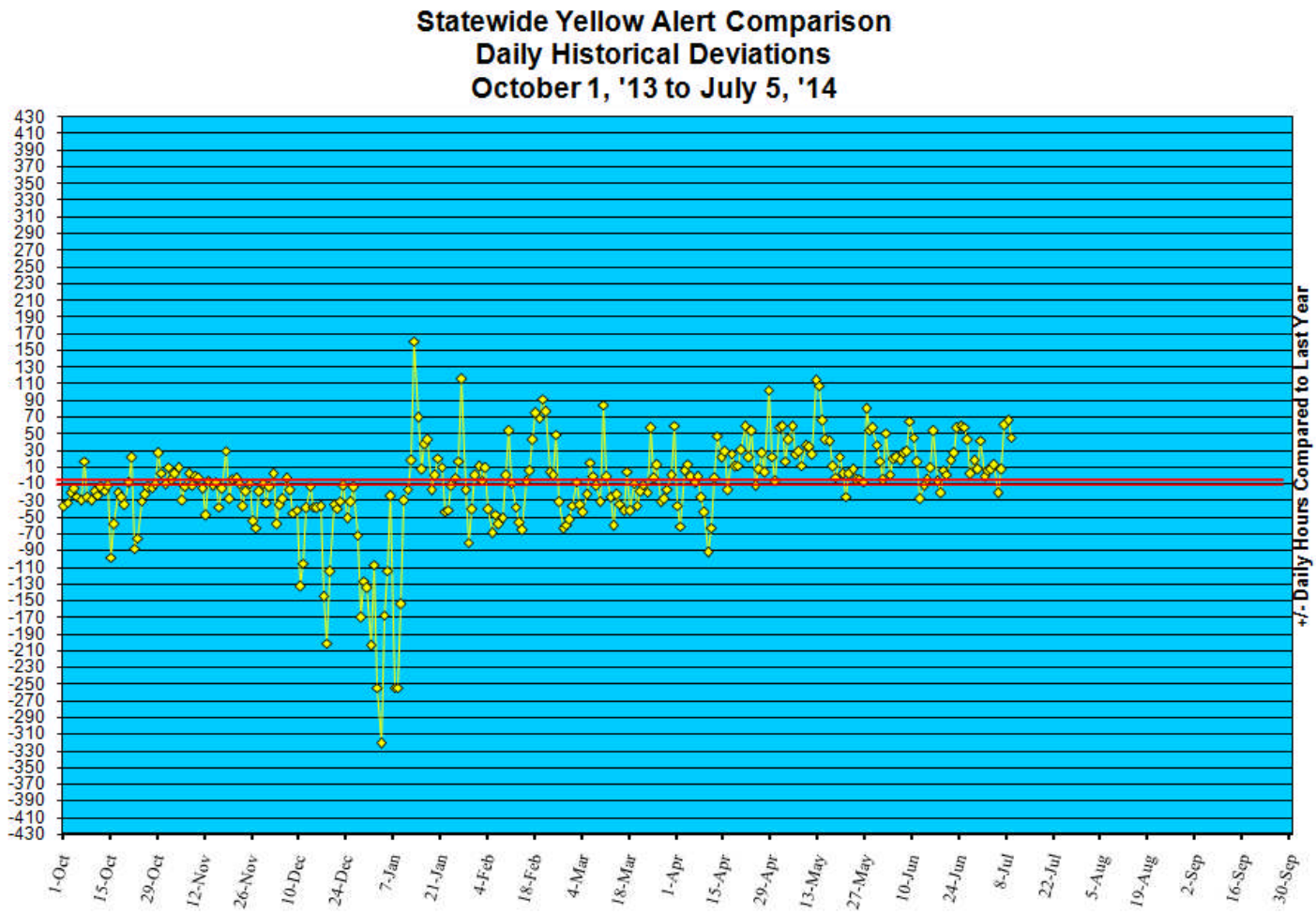
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/13.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in June 2014 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (June 29 - July 5, 2014):	13	0
Prior week (June 22 - June 28, 2014):	9	0
Week#27, 2013 (June 30 - July 6, 2013):	10	0

5 outbreaks were reported to DHMH during MMWR Week 27 (June 29 - July 5, 2014)

5 Rash Illness Outbreaks
5 outbreaks of HAND, FOOT, AND MOUTH DISEASE associated with Daycare Centers

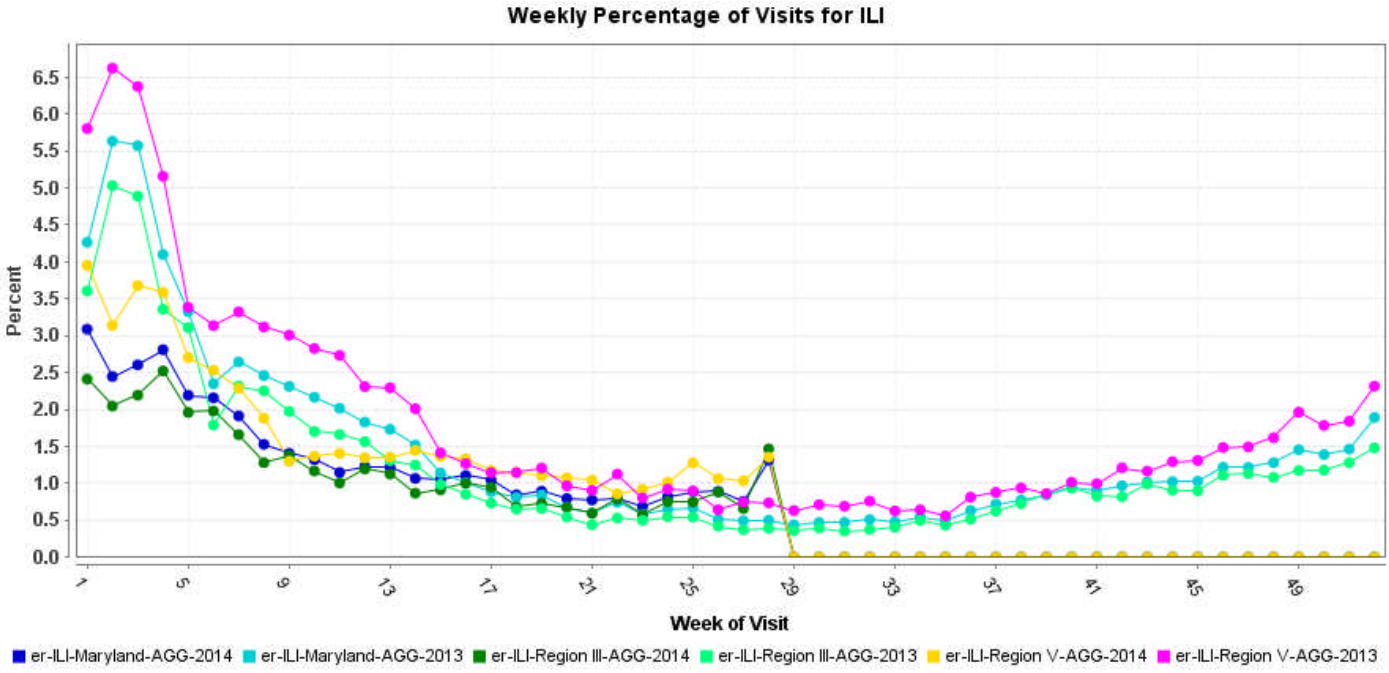
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting generally occurs October through May. The final reporting period for 2014 was MMWR Week 20.

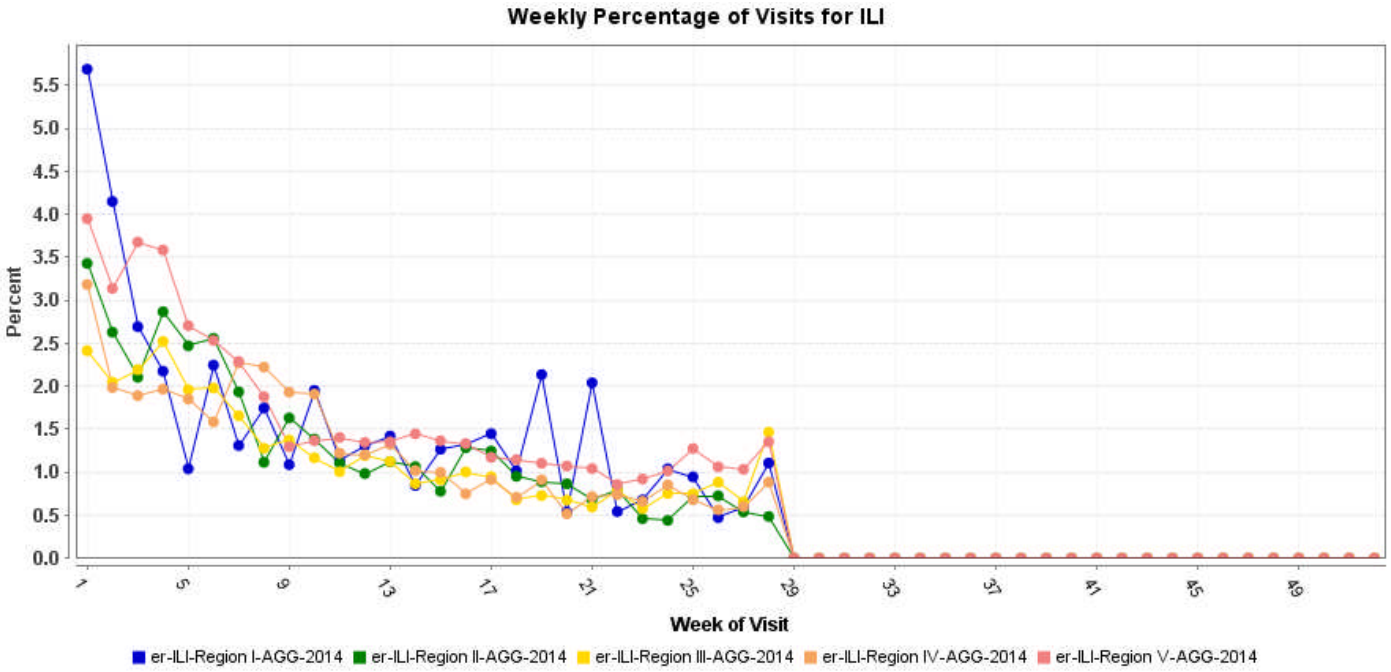
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



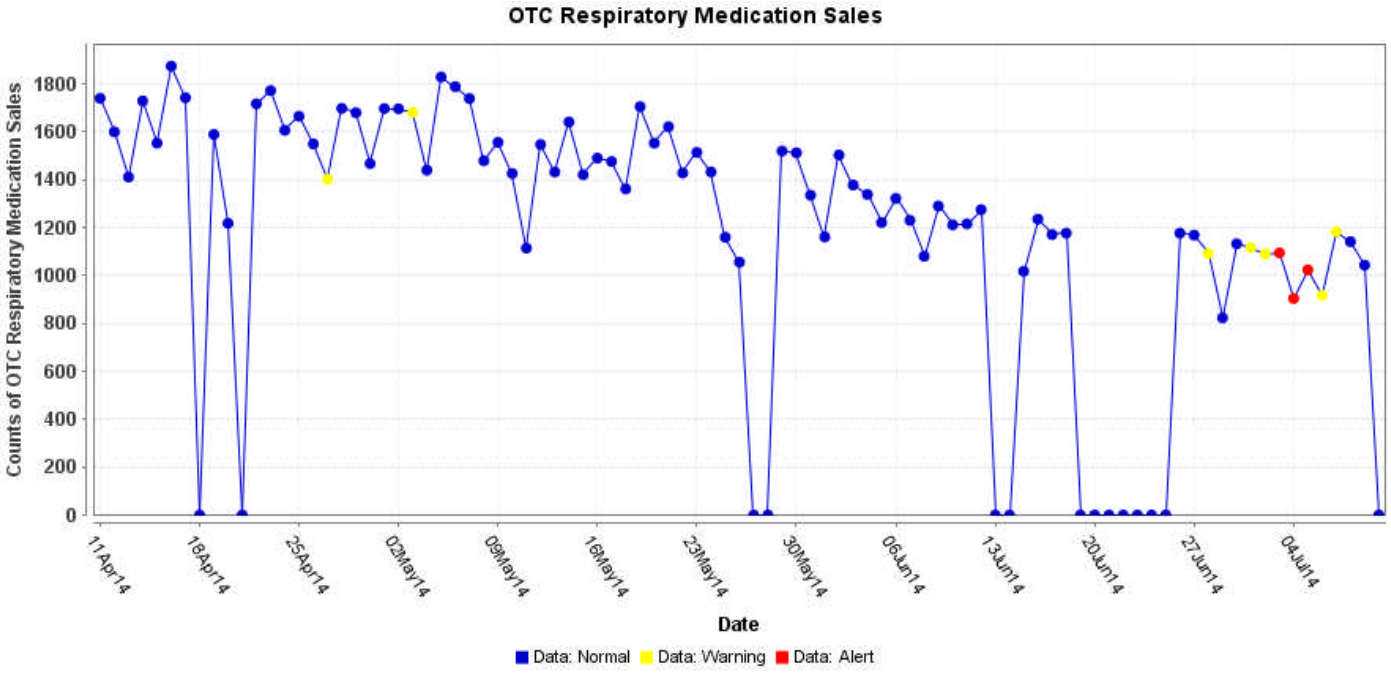
* Includes 2013 and 2014 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2014 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of January 24, 2014, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 650, of which 386 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

NATIONAL DISEASE REPORTS*

BOTULISM (WASHINGTON): 29 June 2014, Richard's Rubs & Seasonings LLC is recalling Richard's Too Good BBQ Sauce, Richard's Too Good Hot Sauce and Richard's Too Good Teriyaki Sauce because they may have been improperly processed and because they may have the potential to be contaminated with *Clostridium botulinum*, which can cause botulism, a serious and potentially fatal foodborne illness. Foodborne botulism is a severe type of food poisoning caused by the ingestion of foods containing the potent neurotoxin formed during growth of the organism. Foodborne botulism can cause the following symptoms: general weakness, dizziness, double-vision and trouble with speaking or swallowing. Difficulty in breathing, weakness of other muscles, abdominal distension and constipation may also be common symptoms. People experiencing these problems should seek immediate medical attention. Consumers are warned not to use the product even if it does not look or smell spoiled. The recalled sauces were sold in western Washington [state] grocery stores and butcher shops in Kitsap, Snohomish and King counties. Sauces are packaged in 12 oz tall glass bottles with metal screw caps and black heat resistant tamper seals. The products being recalled were distributed up to the date of 17 Jun 2014. This recall has been initiated because of a consumer complaint indicating that sauce may have been improperly processed. Richard's Rubs & Seasonings LLC has not been notified of any illness associated with their products. (Botulism is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

LEGIONELLOSIS (NORTH CAROLINA): 30 June 2014, Wilson County [North Carolina (NC), USA] health officials confirmed an 8th case of legionnaires' disease Monday [30 Jun 2014] linked to Wilson Pines, a nursing and rehabilitation facility. Joyce Wetherington, Wilson County Health Department spokeswoman, could not comment on whether that person was a visitor or facility patient. In addition, health officials here said there are other suspected cases of the disease that are not related to any facility. Last year [2013], 12 percent of legionnaires' cases reported in the state were in Wilson County, according to state statistics. The county makes up less than 1 percent of the state's population. Wilson County reported 11 cases last year and is up to 8 cases this year. There were 90 cases reported in North Carolina last year. The Centers for Disease Control and Prevention [CDC] has been consulted for what state officials termed an outbreak in Wilson.

Legionella is a bacterium commonly found in the environment, usually in hot water and in systems producing aerosols or mist. People can get infected when they breathe in a mist or vapor that has been contaminated with *Legionella* bacteria. But most people who are exposed to that bacteria do not get sick, state officials said. Legionnaires' disease is a bacterial pneumonia and can't be spread from person to person. The 1st confirmed case was announced [13 Jun 2014]. There are now 6 total confirmed cases linked to Wilson Pines and 2 cases linked to Longleaf Neuro-Medical Treatment Center, a state-operated facility. Wetherington said she couldn't comment as to whether Monday's [30 Jun 2014] confirmed Wilson Pines' case was a visitor. But she did say that person was being treated at the hospital for pneumonia. One person did contract the disease while visiting Wilson Pines several weeks ago. NC Department of Health and Human Services officials announced Saturday [28 Jun 2014] that 2 confirmed cases of legionnaires' disease were linked to Longleaf [Neuro-Medical Treatment Center]. The state's public health division learned of the 1st case at Longleaf on [19 Jun 2014], state officials said Monday [30 Jun 2014]. They publicly disclosed the case on Saturday [28 Jun 2014].

The 2nd Longleaf case, which was "retrospective," was confirmed Friday [27 Jun 2014]. That case is no longer symptomatic and [was] discovered during routine testing after the initial discovery and diagnosis, state officials said. That case was also publicly disclosed Saturday [28 Jun 2014]. "2 cases associated with a health care facility are considered an outbreak, regardless of the fact that one of the cases is a retrospective case," said Kirsti Clifford, NC Department of Health and Human Services [DHHS] spokeswoman. "DHHS issued the health advisory upon learning that the facility met the definition of an outbreak." Clifford said they would not release the conditions of any patients due to privacy reasons. Agencies involved in the Longleaf investigation include the state's division of public health, state operated health facilities, Longleaf, and the Wilson County Health Department. Clifford said it is common practice to consult with the Centers for Disease Control and Prevention for legionnaires' disease cases and that they have consulted with the CDC.

Clifford said state officials worked with Longleaf and their on-site contractor Saturday [28 Jun 2014] to conduct an environmental assessment. "Samples were taken from various environmental sources within the facility," she said, adding they have not determined the source yet. Internal control measures have since been put in place at Longleaf for protection of residents, visitors, and staff. Longleaf is not taking any new clients and some visitor restrictions are still in place. The facility is using bottled water for drinking, mouth rinsing, and shaving, the state said. Wilson Pines is also under water restrictions as well.

Wetherington said Monday [30 Jun 2014] that 2 other suspected cases related to Wilson Pines tested negative. Several samples were also collected from various locations within Wilson Pines. Last week county health officials announced results from Wilson Pines did test positive for *Legionella* bacteria. Water restrictions will remain in place until follow-up shows negative test results of *Legionella* in the facility, officials said. "The facility was treated," Wetherington said. "But in the meantime, a person affiliated with Wilson Pines tested positive for legionnaires' [disease]." State public health officials are working with the health department on the investigation into Wilson Pines, officials said. Public health officials are taking measures to investigate the outbreaks in the 2 facilities as well as working with the facilities to make sure residents, staff and visitors are protected, state officials said Monday [30 Jun 2014]. "We are looking into all potential exposures, but no links between these outbreaks or other cases in the community have been identified,"

Clifford said. When the Wilson Times asked if any other facilities were being investigated in Wilson, the state referred that question to the Wilson County Health Department. State officials said Wilson County would take the lead in investigating any additional facilities.

Wetherington said as of Monday [30 Jun 2014] there aren't other facilities being investigated. Matt Shaw, City of Wilson's communications coordinator, said tests were conducted of the city's water supply since the confirmed cases. "There is no link between our public water and these breakouts," Shaw said Monday. "These problems seem to have occurred within their [Wilson Pines' and Longleaf's] own plumbing systems. There is no evidence that this is being transmitted by our water system." Shaw said the public should not be concerned about their water. "We are very vigilant about testing our water to make sure it is safe," he said. Wetherington said they are encouraging those who have symptoms to contact their doctor. She said their doctor will assess those symptoms and make a decision as to whether that patient needs to be tested for legionnaires' disease. "We are continuing surveillance," Wetherington said. She also said most doctors are testing those who present respiratory problems. Symptoms include high fever, chills, cough, body aches, headache, and fatigue. The disease typically begins 2 to 10 days after exposure to the bacteria and can be treated effectively with antibiotics, according to the state. Most healthy individuals do not become infected with *Legionella* bacteria after exposure. People at higher risk of getting sick include ages 50 [years] and older, current or former smokers, those with chronic lung disease, those with weak immune systems from disease like cancer, diabetes, or kidney failure, and those who take drugs like chemotherapy that weaken their immune systems. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX (GEORGIA): 1 July 2014, The federal agency told employees that they could stop taking antibiotics that would ward off an anthrax infection. Last month [June 2014], workers were thought to have been exposed to the disease after a lapse in safety precautions. The U.S. Centers for Disease Control and Prevention is advising some employees to stop taking antibiotics to ward off a possible anthrax infection after preliminary tests suggest it is "highly unlikely" they were inadvertently exposed to live anthrax bacteria earlier this month [June 2014], a spokesman said on Monday [30 Jun 2014]. The CDC conducted the tests after an incident in the agency's high-security bioterror response laboratory suggested live anthrax may have been transferred from that lab to employees in a lower-security facility who were not wearing proper protective gear, raising concerns that they may have been exposed to the deadly pathogen. CDC spokesman Tom Skinner said preliminary results of environmental testing in the lower-security labs and some lab tests by the CDC suggest no viable bacteria left the lab. Based on those results, most of the employees involved have been determined "to have no increased risk of exposure." In addition to the testing, the CDC gave the employees a questionnaire asking how close they had come to the areas where the anthrax was worked on. Two groups of staff were selected: One including staff potentially exposed to aerosols in affected laboratory space and a 2nd group not potentially exposed but having worked in or near affected laboratory space. "Employees in these groups are having one-on-one appointments with medical staff in CDC's occupational health clinic, who are reviewing all information with them and discussing the pros and cons of continuing post-exposure prophylaxis as part of shared decision making," Skinner said. Some 29 individuals in the 1st group are being advised to continue taking antibiotics; 33 individuals in the latter group are being advised to stop taking them. The CDC said a 3rd group of employees who were initially thought to have been exposed were determined not to require treatment. Dr. Harold Jaffe, the CDC's associate director for science, is leading an internal investigation into the circumstances surrounding this incident. He will submit a report to CDC Director Dr. Tom Frieden in early July [2014]. In addition, the U.S. Department of Agriculture is conducting an independent investigation. Based on final results of these investigations, CDC said it will take appropriate action in the individual laboratory, as well as any actions indicated for all laboratories which work with dangerous microbes at CDC, and will consider broader implications for laboratory safety. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (USA): 3 July 2014, A California chicken producer has issued its 1st recall since being linked to an outbreak of an antibiotic-resistant strain of salmonella that has been making people sick for more than a year, company and federal food officials said Thursday night, 3 Jul 2014. The FDA said it has found evidence directly linking Foster Farms boneless-skinless chicken breast to a case of *Salmonella Heidelberg*, an antibiotic-resistant strain of the [bacterium] that has sickened more than 500 people [now over 600] in the past 16 months and led to pressure from food safety advocates for federal action against the company. As a result, Foster Farms issued a recall for 170 different chicken products that came from its Fresno facilities in March [2014]. The USDA said its investigators 1st learned of the case on 23 Jun 2014, and the recall was issued as soon as the direct link was confirmed. The location of the case and identity of the person were not released. Foster Farms says the products have "use or freeze by" dates from 21 to 29 Mar 2014 and have been distributed to California, Hawaii, Washington, Arizona, Nevada, Idaho, Utah, Oregon and Alaska. The chicken would have the establishment number "P6137," P6137A" or "P7632" inside the USDA mark of inspection on the label. The long list of products in the recall include drumsticks, thighs, chicken tenders and livers. Most are sold with the Foster Farms label, but some have the labels FoodMaxx, Kroger, Safeway, Savemart, Valbest and Sunland. No fresh products currently in grocery stores are involved. The USDA said it was working with the company to determine the total amount of chicken affected by the recall. The company emphasized that the recall was based on a single case and a single product, but the broad recall is being issued in an abundance of caution. "Our 1st concern is always the health and safety of the people who enjoy our products, and we stand committed to doing our part to enhance the safety of our nation's food supply," Foster Farms said in a statement. The company was linked to previous salmonella illnesses in 2004 and in 2012. Recalls of poultry contaminated with salmonella are tricky because the law allows raw chicken to have a certain amount of salmonella -- a rule that consumer advocates have long lobbied to change. Because salmonella is so prevalent in poultry and is killed if consumers cook it properly, the government has not declared it to be an "adulterant," or illegal, in meat, as is *E. coli.* In a letter from USDA to Foster Farms last October 2013, the department said inspectors had documented "fecal material on carcasses" along with "poor sanitary dressing practices, insanitary food contact surfaces, insanitary nonfood contact surfaces and direct product contamination." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

EBOLA (GUINEA, SIERRA LEONE, AND LIBERIA): 29 June 2014, Ebolavirus has been linked to around 330 deaths in Guinea, Sierra Leone and Liberia [AFP]. West African nations including Mali, Ivory Coast, Senegal and Guinea Bissau should prepare for the arrival of the deadly ebolavirus, the World Health Organisation said. The WHO gave warning on Friday [27 Jun 2014] that the outbreak in Guinea, Sierra Leone and Liberia -- the worst recorded since the virus was identified [in 1976] -- had the potential to spread as travelers move between countries."We want other countries in West Africa to be ready -- bordering countries, Ivory Coast, Mali, Guinea Bissau -- to prepare themselves," said Pierre Formenty, a WHO medical official. He said the UN health agency is not considering recommendation of travel or trade restrictions on the 3 countries already affected by the epidemic: Guinea, Sierra Leone and Liberia. The UN agency, which has sent more than 150 experts to West Africa to help tackle the outbreak, warned on Thursday [26 Jun 2014] that dramatic steps were needed, as the number of deaths from the virus continued to rise in Guinea, Liberia and Sierra Leone. WHO said it would convene a meeting of the health ministers from 11 countries in Accra, Ghana on 2-3 Jul [2014] to address the growing crisis. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX (INDIA): 29 June 2014, At least 15 people, including a 14-year-old girl and 2 women, were infected by anthrax in Odisha [state] after eating contaminated meat, an official said on Friday [27 Jun 2014]. The incident took place in Koraput district, about 500 km [about 310 miles] from state capital Bhubaneswar. A total of 14 of them are being treated at home, while one person was admitted to a hospital, Additional District Medical Officer Arun Padhi told IANS. All victims showed symptoms of the illness after eating contaminated meat early this week [week of 23 Jun 2014]. A laboratory test confirmed they were infected by anthrax, he added. Padhi said while 9 people, including 2 females, were infected in Bisarbandha village, 6 people, including 1 female, were infected in Lugum village, about 150 km [about 93 miles] away from Birsabandha. Bisarbandha has a population of about 80, and the people had eaten the rotten meat of a buffalo. In tribal populated Lugum, which is home to about 215 people, the victims got infected after eating the rotten meat of a goat, he said. Health and veterinary officials have rushed to the affected villages and carried out measures to prevent the spread of the disease, he said. Rotten meats have been seized and destroyed, and cattle have been immunized, he said. An awareness drive has been launched in other vulnerable places of the district, he said. Anthrax is a bacterial disease that mostly affects animals, and at times passes to humans if they eat contaminated meat. Antibiotics often cure the disease if it is diagnosed early. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI (SCOTLAND): 3 July 2014, An E coli [O157] outbreak at the SSE Hydro arena affecting 22 people was due to "under-cooking" of beef burgers at the venue, a report has found. The Glasgow [Scotland] venue was hit by an outbreak of cases of the infection in January and February of 2014 among people attending events there. Of the 22 confirmed cases, a total of 19 of those cases attended had eaten beef burgers at the SSE Hydro's food stall, Big Grill, between Friday 17 and Sunday 19 Jan 2014. The remaining 3 individuals were infected after having household contact with the initial cases. The majority of those affected were not severely unwell, however 3 individuals need hospital treatment as a result. 9 people were formally excluded from work or education as a result, and for one of those affected this resulted in a prolonged absence from their workplace. An investigation by NHS Greater Glasgow and Clyde (NHSGGC) alongside other public health bodies concluded: "Descriptive evidence gathered by environmental health officers strongly suggests processing errors leading to under-cooking as well as the potential for cross contamination in the preparation and serving of the beef burger products. "These processing errors would provide plausible mechanisms for exposure to EHEC (a strain of *E. coli*)." Health inspectors then visited the popular music venue after reports of the infection to examine how food was prepared by staff. They found that preparation of food at "The Big Grill" at the venue involved a lack of consistency in the searing and cooking process of burgers. Inspectors observed inadequacy of temperature monitoring records and weaknesses in temperature monitoring of food to test how cooked items were by staff. It was also discovered there was "an inappropriate cleaning and disinfection regime, and an absence of documented evidence of a hazard analysis" at the venue. All of the 19 confirmed primary cases had eaten a 6 ounce burger served on a bread bun from the Big Grill stall. 10 of the 19 confirmed cases had cheese on their burger. No other additions to the burger such as salad or condiments were consumed by the confirmed cases. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX (HUNGARY): 4 July 2014, A total of 6 people have been hospitalized with anthrax poisoning in Debrecen [Hajdu-Bihar county] in eastern Hungary, the head of the Kenezy hospital's contagious diseases section told local wire service MTI on Friday [4 Jul 2014]. Earlier reports from the State Public Health and Medical Service and the National Food Safety Office had mentioned 5 such cases. Hungary's official health services announced the infections on Friday, saying that the anthrax bacteria had come from cattle. They reported that a farm in nearby Tiszafured [Jasz-Nagykun-Szolnok county] had slaughtered 2 animals which showed clear symptoms of illness earlier in the week. Farm officials did not report the slaughter to animal health authorities as required and instead processed the meat for human consumption. Some of the meat was distributed among family members and some was sold to a small company that provided hot meals to a number of facilities including childcare institutions, with both buyers and sellers skirting public health laws. Dr. Istvan Varkonyi of Kenezy hospital reported that all anthrax patients were being treated with antibiotics and all stood a good chance of recovery. The hospital, he added, is also ready to receive additional anthrax patients since the people who participated in the slaughter and dressing of the meat as well as anyone who ate any of the beef was at risk. Preventive measures ordered by authorities included the antibiotic treatment of all people who had come in contact with the infected cattle as well as of all animals kept in their vicinity. If antibiotic treatment for anthrax infections is begun early enough it can be treated well, officials told MTI. In parliament, meanwhile, MSZP [Hungarian Socialist Party] MP Zoltan Gogos charged authorities with gross negligence in failing to report the anthrax infection for several days, adding that to his knowledge the 1st hospitalization was 3 or 4 days ago, noting that anthrax does not spread from human to human, had authorities acted immediately, the hospitalizations could have been avoided, he said. Gogos also claimed that the sick animals had been brought into Hungary illegally, and that the people who imported and slaughtered them were aware that they were ill. He suggested possible political implications, arguing that the owner of the farm was a supporter of Prime Minister Viktor Orban. Gogos pointed to several cases of botulism poisoning from Hungarian-processed foods over the past few weeks and suggested that Hungary might be having serious food-safety problems. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

National and International Disease Reports are retrieved from http://www.promedmail.org/.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable